

Foster Family Home - Corrective Action Report

Provider ID: 2-090046

Home Name: Zita Gomes, RN

Review ID: 2-090046-6

17-168 Ipuaiwaha St.

Reviewer: Carol Copeland

Keaau

HI 96749

Begin Date: 8/16/2017

End Date: 8/17/17

Foster Family Home

Required Certificate

[17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit survey performed to recertify three client home. Home in compliance on day of survey. Corrective Action Report issued with no plan of correction due to CTA.

Carol Copeland RN MSN
Compliance Manager

8/16/17
Date

Zita Gomes
Primary Care Giver

8/16/17
Date